

TOWN OF SOUTHERN SHORES
RESUME FORM

DATE: _____

Municipal Board(s) or Committee(s) interested in: _____

NAME: _____ PHONE: (HOME) _____

PHONE: (WORK) _____

Email: _____

ADDRESS: _____

OCCUPATION (Past & Present)

EMPLOYER

EDUCATIONAL BACKGROUND

School(s)

Dates

Area of Study

Cert or Degree

Specific experiences, training or interest, which you have that you feel would be useful in the work of this Board or Committee: (Use additional pages if needed)

SUBMITTED BY: _____